



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB1364

Introduced 1/31/2023, by Rep. Will Guzzardi - Lindsey LaPointe

SYNOPSIS AS INTRODUCED:

New Act

Creates the 9-8-8 Suicide and Crisis Lifeline Task Force Act. Provides that the 9-8-8 Suicide and Crisis Lifeline Task Force shall be composed of 12 appointed members and the State's Chief Behavioral Health Officer, or the Officer's representative. Provides that the 2 Task Force co-chairs shall appoint experts to contribute and participate in the Task Force as nonvoting members. Provides for meetings of the Task Force and responsibilities relating to examination of the first year of implementation and use of the 9-8-8 Suicide and Crisis Lifeline in Illinois. Requires the development of an action plan with specified recommendations to be filed with the Governor and General Assembly by December 31, 2023. Includes legislative findings. Repeals the Act on January 1, 2025. Effective immediately.

LRB103 24835 AWJ 51167 b

1 AN ACT concerning government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the 9-8-8
5 Suicide and Crisis Lifeline Task Force Act.

6 Section 5. Findings. The General Assembly finds that:

7 (1) In the summer of 2022, 31% of Illinois adults
8 experienced symptoms of anxiety or depression more than half
9 of the days of each week, which is an increase of 20% since
10 2019.

11 (2) Suicide is the third leading cause of death in
12 Illinois for young adults who are 15 to 34 years of age, and it
13 is the 11th leading cause of death for all Illinoisans. In
14 2021, 1,488 Illinois lives were lost to suicide, and an
15 estimated 376,000 adults had thoughts of suicide.

16 (3) Historically, people in Illinois and nationwide have
17 had few and fragmented options to call upon during a mental
18 health crisis and have relied upon 9-1-1 and various privately
19 funded crisis lines for help.

20 (4) In July 2022, Illinois joined the nation in launching
21 the 9-8-8 Suicide and Crisis Lifeline, a universal three-digit
22 dialing code for a national suicide prevention and mental
23 health hotline, meant to offer 24-hours-a-day, 7-days-a-week

1 access to trained counselors who can help people experiencing
2 mental-health-related distress.

3 (5) Congress delegated to the states significant
4 decision-making responsibility for structuring and funding the
5 states' 9-8-8 call-center networks.

6 (6) States had limited data on which to base their initial
7 decisions because the Substance Abuse and Mental Health
8 Services Administration's projections of future increases in
9 call volumes varied widely, and there was no national
10 best-practice model for the number and organization of 9-8-8
11 call centers.

12 (7) The Substance Abuse and Mental Health Services
13 Administration described the 2022 launch of 9-8-8 as being
14 just the first step toward reimagining our country's mental
15 health crisis system and stipulated that long-term
16 transformation will rely on the willingness of states and
17 territories to build and invest strategically in every level
18 of the continuum of mental health crisis care over the next
19 several years.

20 (8) In 2023, the General Assembly and other state leaders
21 can assess the first year of operations of the 9-8-8
22 call-center system, identify legislative solutions to any
23 funding and programmatic gaps that are emerging, and set the
24 course for Illinois to eventually lead the country in
25 providing quality and accessible 9-8-8 care and in connecting
26 individuals with the mental health resources necessary to

1 sustain long-term recovery.

2 (9) The launch of the 9-8-8 Suicide and Crisis Lifeline
3 has created a once-in-a-generation opportunity to improve
4 mental health crisis care in Illinois.

5 (10) Illinois' success or failure in building a
6 high-quality call-center network in the initial years will be
7 an important factor in determining whether 9-8-8 is perceived
8 as a trusted resource in the State.

9 (11) Illinois' success or failure in building a
10 high-quality 9-8-8 call-center network will disproportionately
11 affect Black, Brown, and other marginalized residents who are
12 most likely to rely on crisis services to access mental health
13 care and are most likely to be criminalized or harmed by the
14 existing crisis response system.

15 Section 10. Suicide and Crisis Lifeline Task Force.

16 (a) The 9-8-8 Suicide and Crisis Lifeline Task Force is
17 created. The Task Force shall be composed of the following
18 voting members:

19 (1) 4 members of the House of Representatives, 2
20 appointed by the Speaker of the House of Representatives
21 and 2 appointed by the Minority Leader of the House of
22 Representatives;

23 (2) 4 members of the Senate, 2 appointed by the
24 President of the Senate and 2 appointed by the Minority
25 Leader of the Senate;

1 (3) a representative from the Department of Human
2 Services, Division of Mental Health, appointed by the
3 Governor;

4 (4) a representative from the Department of Public
5 Health, appointed by the Governor;

6 (5) a representative from the Department of Healthcare
7 and Family Services, appointed by the Governor;

8 (6) a representative from the Department of Insurance,
9 appointed by the Governor; and

10 (7) the State's Chief Behavioral Health Officer, or
11 the Officer's representative.

12 (b) The Speaker of the House of Representatives and the
13 President of the Senate shall appoint one co-chair from each
14 chamber of the General Assembly, selecting from the 8 members
15 appointed under paragraphs (1) and (2) of subsection (a).

16 (c) The 2 co-chairs shall select expert participants, who
17 will be nonvoting members, to contribute to and participate in
18 this Task Force. Expert participants shall include, at a
19 minimum:

20 (1) service providers from regional and statewide
21 9-8-8 call centers;

22 (2) providers, or representatives of providers, of
23 community-based mobile crisis response services, including
24 representation from both urban and nonurban settings;

25 (3) a representative of an organization that advocates
26 for people with mental health conditions or substance use

1 disorders, or both health conditions and substance use
2 disorders;

3 (4) a representative of an organization that operates
4 an Illinois social services helpline or crisis line other
5 than 9-8-8;

6 (5) more than one individual with personal or
7 family-lived experience of a mental health condition or
8 substance use disorder;

9 (6) a representative of the University of Illinois at
10 Chicago involved in providing research and analytical
11 support to the State's 9-8-8 operations; and

12 (7) a representative with expertise in 9-1-1
13 call-center protocols and operations.

14 (d) Members and expert participants shall serve without
15 compensation and are responsible for the cost of all
16 reasonable and necessary travel expenses connected to Task
17 Force business.

18 Task Force members shall be appointed by June 1, 2023. The
19 Task Force must convene its first meeting by July 1, 2023 and
20 may meet at other times at the call of a co-chair appointed
21 under subsection (b). Expert participants shall be selected by
22 the Task Force co-chairs before the first meeting. The Task
23 Force may establish committees that address specific issues or
24 populations and may select expert participants to serve on
25 committees as needed. The Department of Human Services will
26 provide administrative and other support to the Task Force.

1 (e) If a vacancy occurs in the Task Force membership or
2 the expert participant membership, the vacancy shall be filled
3 in the same manner as the original appointment for the
4 remainder of the term of the Task Force.

5 Section 15. Responsibilities; action plan.

6 (a) The Task Force has the following responsibilities:

7 (1) to review existing information about the first
8 year of 9-8-8 call-center operations in Illinois,
9 including, but not limited to, state-level and
10 county-level use data, progress around the federal
11 measures of success determined by the Substance Abuse and
12 Mental Health Services Administration, and research
13 conducted by any State-contracted partners around cost
14 projections, best-practice standards, and geographic
15 needs;

16 (2) to review the recommendations and decisions of
17 previous State-led workgroups on transforming the mental
18 health crisis response system, including, but not limited
19 to, the 9-8-8 Stakeholder Coalition and Subcommittees
20 convened in 2021 and the Statewide Advisory Committee and
21 Regional Advisory Committees established under the
22 Community Emergency Services and Support Act;

23 (3) to review other states' models and emerging best
24 practices around structuring 9-8-8 call-center networks,
25 with an emphasis on promoting high-quality phone

1 interventions, coordination with other crisis lines and
2 crisis services, and connection to community-based support
3 for those in need;

4 (4) to review governmental infrastructures created in
5 other states to promote sustainability and quality in
6 9-8-8 call centers and crisis system operations;

7 (5) to review changes and new initiatives that have
8 been advanced by the Substance Abuse and Mental Health
9 Services Administration and Vibrant Emotional Health since
10 Illinois launched 9-8-8 in July 2022, such as new training
11 curricula for call takers and new technology platforms;

12 (6) to consider testimony from call-center personnel,
13 providers, and advocates about strengths, weaknesses, and
14 service gaps in Illinois; and

15 (7) to develop an action plan with recommendations to
16 the Governor and General Assembly that include the
17 following:

18 (A) a future structure for a network of 9-8-8 call
19 centers in Illinois that will best promote equity,
20 quality, and connection to care;

21 (B) metrics that Illinois should use to measure
22 the success of our statewide system in promoting
23 equity, quality, and connection to care and a system
24 to measure those metrics, considering the metrics
25 imposed by the Substance Abuse and Mental Health
26 Services Administration as only a starting point for

1 measurement of success in Illinois;

2 (C) a plan to sustainably fund a statewide 9-8-8
3 call-center network under subparagraphs (A) and (B) in
4 fiscal year 2025 and beyond, which shall identify
5 potential funding sources, future funding amounts, and
6 a mechanism by which funding needs can be calculated;

7 (D) recommendations to further fund and strengthen
8 the rest of Illinois' behavioral health services and
9 crisis assistance programs based on lessons learned
10 from 9-8-8 use; and

11 (E) recommendations on a long-term governmental
12 infrastructure to provide advice and recommendations
13 necessary to sustainably implement and monitor the
14 progress of the 9-8-8 Suicide and Crisis Lifeline in
15 Illinois and to make recommendations for the statewide
16 improvement of behavioral health crisis response and
17 suicide prevention services in the State.

18 The action plan shall be approved by a majority of
19 Task Force members who are voting members.

20 (b) The Task Force shall complete and file the action plan
21 with the Governor and General Assembly by no later than
22 December 31, 2023.

23 (c) Nothing in the action plan filed under this Section
24 shall be construed to supersede the recommendations of the
25 Statewide Advisory Committee or Regional Advisory Committees
26 created by the Community Emergency Services and Support Act.

1 Section 20. Repeal. This Act is repealed on January 1,
2 2025.

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.